

APR 27 1936

MISSOURI STATE BOARD OF HEALTH BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH

Do not use this space.

13871

1. PLACE OF DEATH

County WorthRegistration District No. 904Township UnionPrimary Registration District No. 6215

City

(No.

File No.

Registered No.

St. Ward)

2. FULL NAME

(a) Residence, No.

(Usual place of abode)

St.

Ward.

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 30 yrs.

mos.

ds.

How long in U. S., if of foreign birth?

yrs.

mos.

ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Married

6A. IF MARRIED, WIDOWED, OR DIVORCED, HUSBAND OF (OR) WIFE OF

Ellie Ridge

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

May 12 - 1870

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

651010

OCCUPATION

8. Trade, profession, or particular kind of work done, as planer, sawyer, bookkeeper, etc.

Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Kansas

13. NAME

Thompson Ridge

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Ind.

15. MAIDEN NAME

Kathleen Day

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Mo.

17. INFORMANT (ADDRESS)

Mrs. Walter Friedrich

18. BURIAL, CREMATION, OR REMOVAL

PLACE First ChappelDATE 3-23 '36

19. UNDERTAKER (ADDRESS)

Long & Boyd20. FILED April 8 - 1936Byre O. H. Bond

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR)

3-22 '36

22. I HEREBY CERTIFY, That I attended deceased from

Feb. 31, to 3-22 '36I last saw him alive on 3-22 '36 1936 Death is saidto have occurred on the date stated above, at 10:40 a.m.

The principal cause of death and related causes of importance were as follows:

Emphysema ofStomach

Date of onset

1934

Other contributory causes of importance:

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy? ✓23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? ✓ Date of injury 1936

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. ✓Manner of injury ✓Nature of injury ✓24. Was disease or injury in any way related to occupation of deceased? ✓

If so, specify

(Signed)

M. D.

(Address)

NOTE.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN'S SIGNATURE STATE CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

